

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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MICHAEL W. DOBINS
CLERK U.S. DISTRICT COURT

Shawn Patterson

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

County of Cook,
State of Illinois

07CV6696

JUDGE ZAGEL

MAGISTRATE JUDGE DENLOW

Case No:

(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: Shawn Patterson

B. List all aliases: Samwica

C. Prisoner identification number: 20050061693

D. Place of present confinement: Cook County Jail Div 9-3B

E. Address: Po Box 089002 Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Cozalino
Title: Captain
Place of Employment: Cook County Jail Div 9

B. Defendant: Wagner
Title: Officer on 11-7 shift
Place of Employment: Cook County Jail Div 9

C. Defendant: K. Sims
Title: Doctor
Place of Employment: Cermak Hospital

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES NO If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES NO

C. If your answer is YES:

1. What steps did you take?

By asking the Social worker for grievance and completing the packet and most of the time hand it to a Sargent

2. What was the result?

I really don't think most of them made it but when they did my complaint was taken care of

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

I have never seen an appeal slip but I would keep writing grievance's until I gave up

D. If your answer is NO, explain why not:

There are other times I should have filled out a grievance but for some reason they either never seem to make it or don't get a response

E. Is the grievance procedure now completed? YES () NO (✓)

F. If there is no grievance procedure in the institution, did you complain to authorities? YES (✓) NO ()

G. If your answer is YES:

1. What steps did you take?

I spoke to the officer working the deck
of 3E then any Sargent's passing though

2. What was the result?

I out of 10 times they come though but
most of the time I was left with false
hope

H. If your answer is NO, explain why not:

Since I've been incarcerated I can only
remember 2 grievance's ever getting a
response out of many

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

A. Name of case and docket number: ████████ N-A

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: ████████ N-A

D. List all defendants: ████████ N-A

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): ████████ N-A

F. Name of judge to whom case was assigned: N-A

G. Basic claim made: N-A

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N-A

I. Approximate date of disposition: N-A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

one of my many problem is my Helina and officer's Lopez, Phillips, Murray and ms Johnson have on occassion's spoke to dispensary and Sargent's countless time's about the matter and was refused medical attention appropriate to my condition. my condition requit's sergeru, since this facility is not eqiped to handle sergeru. They have simply neglected my issue instead of making arrangements with the county hospital to proform the required sergeru to allivate my condition. A second yet equally painful issue that of mine has been brought to the attention of officer's Lopez, Phillips about my tooth ache and they've gone though the motion countless of time's. I've had this problem for 1yr befor I was finally brought to the county hospital to have the first tooth pulled on 10-9-07, I have 2 more that I've been addressing for the past week because

it's causing me great pain and the need to be pulled. My final complaint stem from a Hemorrhoid condition that was brought to the attention of officer Wagner on the 11-7 Shift how intoll informed Captain Cozalino and Lieutenant Zimney about the matter and was told their were no free officer's to tend to my emergency in which I'll spare you the more colorful detail's I suffered over the period of a week. The Hemiliation of having to show my blood stool to a variety of staff before I could fine some 1 to show enough concern to get me down to dispensary to have that most simplest of issues dealt with.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to have the court compensate me for the pain & debt with, the lack of medical attention. The sum of \$80,000.00

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11 day of 24, 2007

Shawn Patterson

(Signature of plaintiff or plaintiffs)

Shawn Patterson

(Print name)

20050061693

(I.D. Number)

Po Box 089002

Chicago IL

60608

(Address)